

(1) PLACE OF BIRTH

County of Richland
Township of Lowrie
or
Inc. Town of Caston
or
City of OC

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
16554

Registration District No. 3803 Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child Nathaniel Reece (If child is not yet named, make supplemental report as directed)

(3) ~~MALE~~ GIRL? (4) Twin or Triplet (5) Number in order of birth 1 (6) ~~Single~~ Married (7) DATE OF BIRTH 5/19/22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Milton Reece
(9) PRESENT POSTOFFICE OF FATHER Caston S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Year)
(12) BIRTHPLACE Richland Co
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 3

MOTHER.
(4) NAME BEFORE MARRIAGE Sallie Dorland
(15) PRESENT POSTOFFICE OF MOTHER Caston S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE Richland Co
(19) OCCUPATION House Wk
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive (Hour) (M. or P. M.))

(22) (Signature) _____ (23) Address of Physician or Midwife _____
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____
_____ 19 _____
Registrar

(26) Witness Mattie Hunter
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5/25/22 (28) Al Jenkins
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MADE BY COLUMBIA, COLUMBIA, S.C.